

CERTIFICATE OF DEATH

REGISTRAR'S NO.

505

BIRTH NO.

04 04 PLACE OF DEATH AND RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>38 yrs</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
	C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u>				D. STREET ADDRESS <u>130 North 6th st.</u>	
	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					

DECEDENT PERSONAL DATA 159 0 357	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Anna</u> B. (MIDDLE) <u>L.</u> C. (LAST) <u>Nugent</u>			4. SEX <u>fe</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>
	6B. NAME OF SPOUSE <u>Floyd Nugent, dec</u>		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>17</u> YEAR <u>1897</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>59</u>	IF UNDER 1 YEAR MONTHS <u>7</u> DAYS <u>3</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Gisela, Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no ***</u>	19. SOCIAL SECURITY NO. <u>unknown</u>	
	14A. FATHER'S NAME <u>William R. Neal</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	15A. MOTHER'S MAIDEN NAME <u>Ellen Jackson</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		

CAUSE OF DEATH ITEM 18)	16. INFORMANT'S SIGNATURE (sister) <u>Ma Lockert Lindgren</u>		ADDRESS <u>Globe, Arizona</u>		17. DATE OF DEATH <u>March 20, 1957 at 4:45 p.m.</u>
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). §THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) <u>Carcinoma of esophagus</u>		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) _____ DUE TO (C) _____		

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 8, 1957</u> TO <u>Mar. 20, 1957</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Mar 20, 1957</u> AND THAT DEATH OCCURRED AT <u>4:45 p.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	22A. SIGNATURE <u>Robert J. Harris M.D.</u>		22B. ADDRESS <u>Globe, Arizona</u>		22C. DATE SIGNED <u>Mar. 20, 1957</u>
	23A. ACCIDENT (SPECIFY) _____		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____		23C. (CITY OR TOWN) (COUNTY) (STATE) _____

DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR _____	
	24A. CORONER'S SIGNATURE _____		24B. ADDRESS _____		24C. DATE SIGNED _____	
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>March 22, 1957</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Mausoleum of the Last Super</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights, Arizona</u>
	26A. DATE REC. BY LOCAL REG. <u>3-21-57</u>	26B. REGISTRAR'S SIGNATURE <u>James W. ...</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>James W. ...</u>		27B. ADDRESS <u>Globe, Arizona</u>